

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE

CONTROLLED SUBSTANCE PRECURSOR
DISTRIBUTOR OR PURCHASER

DOPL-AP-028 REV 03/09/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and the level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

1. Submit the \$200.00 non-refundable application processing fee for a Controlled Substance Precursor Distributor License.
OR
the \$100.00 non-refundable application processing fee for a Controlled Substance Precursor Purchaser License.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to controlled substance precursors.

The following applicable laws and rules are available on the Internet at

<http://www.commerce.state.ut.us/dopl/dopl1.htm>.

You may also purchase them for a fee from Exterior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Utah Controlled Substance Precursor Act
- ❑ Utah Controlled Substance Precursor Act Rules

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O.Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6208
(801) 530-6634
(801) 530-6964

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name which will appear on the license. If the applicant for licensure is a business entity, this is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Facility. If the applicant is not required to be registered with the Division of Corporations, it is the name of the facility where the licensed activity is to be conducted.

The public mailing address is the actual location at which the licensed activity will be conducted and is the address where the Division will send all mail.

License\Certificate\Registration Applying For: _____

Business Legal Name: _____

PUBLIC MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Full Name and Title:_____

Mailing Address:_____

City:_____State:_____Zip:_____

Telephone:_____

Social Security Number:_____

ORGANIZATION TYPE:

____Corporation

Corporate Name:_____

Name Of State Of Incorporation:_____

Supply the identifying information below for all Corporate Officers, Directors, those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah, and for all Shareholders who own or control 5% or more of the outstanding corporate stock (not required if publicly traded). Use additional sheets if necessary.

____Partnership

Name Of Partnership:_____

Supply the identifying information below for all Partners and those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah. Use additional sheets, if necessary.

____Sole Proprietorship

Name Of Business Entity:_____

Supply the identifying information below for the Sole Proprietor and those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah. Use additional sheets, if necessary.

____Limited Liability Company

Supply the identifying information below for all company officers, and those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah, and all individuals owning 5% or more of the equity of the company. Use additional sheets, if necessary.

Name Of Limited Liability Company:_____

_____ Other, _____

IDENTIFYING INFORMATION FOR ORGANIZATION TYPE:

1. Full Name and Title:_____

Mailing Address:_____

Social Security Number:_____ Date of Birth:_____

2. Full Name and Title:_____

Mailing Address:_____

Social Security Number:_____ Date of Birth:_____

3. Full Name and Title:_____

Mailing Address:_____

Social Security Number:_____ Date of Birth:_____

4. Full Name and Title:_____

Mailing Address:_____

Social Security Number:_____ Date of Birth:_____

DISCLOSURE OF NATURE OF BUSINESS (Use additional sheets if necessary):

TRADE/BUSINESS NAMES:

List all trade or business names used (Use additional sheets if necessary):

FACILITIES:

Complete for each facility used for storage, handling, distribution and/or manufacturing of controlled substance precursors (Use additional sheets if necessary):

1. Contact Person: _____
 Phone: _____
 Soc. Sec. No.: _____
 Facility Name: _____
 Facility Address: _____
2. Contact Person: _____
 Phone: _____
 Soc. Sec. No.: _____
 Facility Name: _____
 Facility Address: _____
3. Contact Person: _____
 Phone: _____

Soc. Sec. No.: _____

Facility Name: _____

Facility Address: _____

4. Contact Person: _____

Phone: _____

Soc. Sec. No.: _____

Facility Name: _____

Facility Address: _____

CONTROLLED SUBSTANCE PRECURSORS REQUESTED:

Check All Controlled Substance Precursors For Which Licensure Is Requested:

- | | |
|---|--|
| <input type="checkbox"/> Phenyl-2-propanone | <input type="checkbox"/> Phenylpropanolamine |
| <input type="checkbox"/> Methylamine | <input type="checkbox"/> Benzyl cyanide |
| <input type="checkbox"/> Ethylamine | <input type="checkbox"/> Ergonovine and its salts |
| <input type="checkbox"/> D-lysergic acid | <input type="checkbox"/> 3,4-Methylenedioxyphenyl-2-propanone |
| <input type="checkbox"/> Ergotamine and its salts | <input type="checkbox"/> propionic anhydride |
| <input type="checkbox"/> Diethyl malonate | <input type="checkbox"/> Insosafrole |
| <input type="checkbox"/> Malonic acid | <input type="checkbox"/> Safrole |
| <input type="checkbox"/> Ethyl malonate | <input type="checkbox"/> Piperonal |
| <input type="checkbox"/> Barbituric acid | <input type="checkbox"/> N-Methylephedrine |
| <input type="checkbox"/> Piperidine and its salts | <input type="checkbox"/> N-ethylephedrine |
| <input type="checkbox"/> N-acetylanthranilic acid and its salts | <input type="checkbox"/> N-methylpseudoephedrine |
| <input type="checkbox"/> Pyrrolidine | <input type="checkbox"/> N-ethylpseudoephedrine |
| <input type="checkbox"/> Phenylacetic acid and its salts | <input type="checkbox"/> Hydriotic acid |
| <input type="checkbox"/> Anthranilic acid and its salts | <input type="checkbox"/> Crystal iodine |
| <input type="checkbox"/> Morpholine | <input type="checkbox"/> gamma butyrolactone (GBL) |
| <input type="checkbox"/> Ephedrine | <input type="checkbox"/> Iodine at concentrations greater than |
| <input type="checkbox"/> 1,4 butanediol | 1.5 % |
| <input type="checkbox"/> Pseudoephedrine | <input type="checkbox"/> Red phosphorous |
| <input type="checkbox"/> Norpseudoephedrine | <input type="checkbox"/> Anhydrous amonia |

☐ any salt, optical isomer, or salt of an optical isomer of the chemicals listed above, specify:

☐ All of the above

CONTROLLED SUBSTANCE PRECURSOR, DISTRIBUTOR or PURCHASER QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have all involved officers, directors, partners, proprietors, employees, and managers* associated with or employed by the applicant read, and does each understand the Utah Controlled Substance Precursor Act and its rules?
3. _____ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever been permitted to surrender their registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against them by any licensing agency, or criminal or administrative jurisdiction?
4. _____ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant, ever had any license denied, conditioned, curtailed, limited, restricted, suspended, or revoked by federal, state, or local government?
5. _____ Is any disciplinary action pending against any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant now by any licensing agency?
6. _____ Is any action pending against any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ Is any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant currently using or have they recently used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
8. _____ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which they have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which they have not otherwise been successfully rehabilitated?

9. _____Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.
10. _____Have there been any convictions of any involved officer, director, partner, proprietor, employee or manager under any federal, state or local laws relating to the distribution or manufacturing of prescription drugs, drug samples, controlled substances or controlled substance precursors?
- * "Involved officer, director, partner, proprietor, employee or manager" is defined in Subsection R156-37c-102(1) of the Utah Controlled Substance Precursor Act Rules.

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant:_____